

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580631

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL
IND.

2



TOTAL
DEP.

2



TOTAL
CLAIMS

9



AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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100

TOTAL
IND.



TOTAL
DEP.



TOTAL
CLAIMS

